

have no choice, the Republicans give you a choice.

Now the dirty little secret is out there, and the real choice is in front of us. The choice is easy.

SETTING THE RECORD STRAIGHT ON MEDICARE

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, the CMS actuary just came out with the grim news. Apparently the insolvency date of Medicare was just moved up 5 years to 2024—that is only 12 years from now—and will probably move up further before we get there.

Furthermore, this is after one-half trillion dollars has been shaved from current Medicare to extend the life of Medicare, and, as we all know, that money is already infamously booked twice: once for middle class insurance subsidies and the other to extend the life of Medicare.

The 2012 budget that passed the House with bipartisan support is the beginning to the solution for this problem. It preserves Medicare for those 55 and over and reforms it to a market-based system with lots of choices for those under 55 today. Meanwhile, Democrats simply play “mediscare” on this issue and insist on doing nothing.

HONORING OUR SERVICEMEMBERS AND VETERANS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Mr. Speaker, a lot of times our constituents are confused about the processes of this House. The one thing that we are not confused about is when we all join together in unity, our patriotism, our respect, affection, and admiration for the United States military.

Yesterday, many of us interfaced with families, Gold Star Mothers and Blue Star Mothers, families who had experienced a wounded soldier or one who had lost their life in battle. It was a serious time, and I, too, commemorated and celebrated with my fellow Houstonians and Texans, even those who came up to me and said veterans can't get jobs.

And so for me to come today and to participate in a mockery of a placed-on-the-floor vote on the debt ceiling when everyone knew, and our good friends on the Republican side, that it was a joke, but it was not a joke for me. I voted “yes” because the responsible position is to ensure that America pays her bills, not to leave soldiers on the battlefield with no equipment, no shelter, no food, and certainly not to take away veterans benefits, Medicare, Medicaid.

Let us be responsible, and let us stand for the American people. I did that today.

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GOP DOCTORS CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Tennessee (Mr. ROE) is recognized for 60 minutes as the designee of the majority leader.

Mr. ROE of Tennessee. Mr. Speaker, we're going to spend the next hour tonight discussing basically the health care debate and what has occurred in the past 2 years here in Congress. And we have asked our physician colleagues and Health Caucus to come down and spend this hour discussing this issue.

Now, I think before we start, what we need to do is talk about why we're having this debate. Obviously, we needed health care reform in America. And one of the frustrations at least I've had since I was here was during our last Congress, we had nine physicians in the Physicians Caucus, M.D.s and then 13 people total in that caucus, and none of us was consulted about the health care bill.

And when I came to Congress, I asked myself the question, just as I was seeing a patient, what's wrong with the American health care system? And the problem with the American health care system is today still, and getting worse, is that it costs too much money to go to the doctor and go to the hospital. So when I would see patients in my office, I could see the costs ever rising. Back in the eighties, we tried plans called managed care capitation. In our State, we tried to reform our Medicaid program. All failed to hold the costs down.

The second problem I saw with the American health care system is that there are a group of our citizens who didn't have access to affordable health insurance coverage. If it was affordable, we would all have it. As an example, let's say a sheetrock worker or a carpenter that puts up studs in a house or a homebuilder may not have a business big enough to afford health insurance coverage. And maybe this person's wife worked at a local diner, and together they make \$40,000 a year. In our area you can get along just fine making that amount a year. They couldn't afford \$12,000 premiums.

And the third problem I saw, which is a liability issue, is that we see ever-escalating health care costs, and I see Dr. GINGREY is here with us, a fellow OB/GYN as I am, and we saw costs from the time I began my practice from \$4,000 in 1977, which is what the malpractice insurance was at that time, to over \$70,000 today. Who bears those costs? Our patients.

Again, back to number one. We began this debate on what I think was a false premise. Basically, the health care bill was to cover those people who didn't have insurance. And this particular bill, the Affordable Care Act, so-called ObamaCare, did do a couple of things. One, it has done nothing so far—it is beginning to be initiated, as far as low-

ering the health care costs—it has done nothing. If you look at every business around, those rates are skyrocketing and making it less affordable for us.

Number two, it did increase access. And how did it increase access? At least it appears so far that it increased access by massively expanding Medicaid. And the one thing about the bill I do like is allowing young people to stay on their parents' health coverage until they are 26.

In a committee hearing we had the other day with HHS Director Sebelius, I asked her how many people would this bill cover, this 2,500-page bill? And she estimated a number, 30 million or 32 million more American citizens. The CMS's own actuary estimates, the Congressional Budget Office estimates it will add 15 million more people to Medicaid, a system that's already bankrupt in the States. The CMS actuary actually believes it will be 24 million more people on Medicaid, and you add 6 million more young people to that, and really without this incredibly complicated bill, in two paragraphs you could have done exactly what they did with this bill without all this complicated issue that we're going to talk about later tonight.

So we did nothing to lower costs. We did increase access by increasing Medicaid and potentially exchanges. And we can talk about that later. And then lastly, liability, which there is nothing in the Affordable Care Act for that.

The other thing that is not in the bill, glaringly not in this bill, which is incredibly important, is the so-called doc fix. And so our viewers can understand what that is, as a physician, when I see Medicare patients, the Federal Government pays a certain amount with Medicare part D and the person getting the care pays for those premiums also.

In 1997, to help hold health care costs down, there was a formula put in so that if the costs went above a certain amount, the doctors were, the providers were cut. Right now, if we hadn't passed a temporary fix of this, the doctors would have had a 26 percent decrease, and in 2 years that's going to be a 30 percent decrease in their payments. So what difference does that make if you're out there and you're a Medicare-age patient, as I became last summer? So I can speak from some experience. I signed up for Medicare last July.

The problem with it is there's a cost to the physician opening and practicing in their office. And we don't pay the cost of the care. And we are already seeing in our area where very fine physicians are no longer accepting Medicare patients. We believe this could get much, much worse under the Affordable Care Act.

And as the two past speakers brought out, what this bill also did, and what we're going to discuss tonight in more detail, is not just the entire health care bill, but it's going to be Medicare and one specific part of it called the